

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-000801

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 4138 Registrar's No. 12

FILED FEB 7 1962

1. PLACE OF DEATH

a. COUNTY

Clinton

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Lathrop

Length of stay in lb
3 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION at home in Lathrop Mo

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clinton

c. CITY
OR
TOWN Lathrop

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS (If outside, give location)
Not Listed

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

Mervin

DeWitt

Williams

4. DATE
OF
DEATH

Month

Day

Year

1

28

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-12-1886

9. AGE (last birthday)

75

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Lathrop Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Thomas J. Williams

13b. MOTHER'S MAIDEN NAME

Mary J. Starboard

14. NAME OF HUSBAND OR WIFE

Mary Beatrice Bowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

No

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Estil Williams

Lathrop

Missouri

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH

2 Hours

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
/ Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1958 to 1962 and last saw ☒ alive on January 28, 1962
Death occurred at 10:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Estil Williams, A.O.

Lathrop, Missouri

1-29-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

1-30-1962

23c. NAME OF CEMETERY OR CREMATORY

Lathrop Cemetery

23d. LOCATION (City, town, or county)

Lathrop Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Bailey Funeral Home Lathrop Mo.

25. DATE RECD. BY LOCAL REG.

1-29-62

26. REGISTRAR'S SIGNATURE

Francis Crawford

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

FEB 23 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Maria O'Bailey

Licensed Embalmer No. 4887

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.